MONROE COUNTY
DEPARTMENT OF HUMAN SERVICES
OFFICE FOR THE AGING
AND
ADULT SERVICES

SENIOR ACTION PLAN
2004

Dear Senior Advocates and Friends:

Just as childcare was a dilemma for millions of American families during the last 30 years, eldercare is poised as a significant challenge in the 21st century. We need more recognition that older adults strongly prefer to remain in their own homes. Those who become frail, especially as they enter their 80s and 90s, need community-based supports that are often less expensive, and more preferred, than institutional care.

The Senior Action Plan recognizes that all caregivers deserve, and need, access to information and guidance.

Monroe County has taken a proactive approach in addressing the "age wave" and its related challenges. The Department of Human Services (DHS) formed the Office for the Aging and Adult Services Division to provide a continuum of services to adults as they grow older. The division consolidates long-term care by merging the Office for the Aging, Adult Protective Services, Chronic Care Medicaid and the Home Care Unit. This new and innovative approach to care management ensures that seniors are receiving appropriate services, thereby enabling them to remain safely in their homes for as long as possible. In addition, the division is designed to streamline service delivery and eliminate duplicate processes, which will in turn, help reduce costs.

To this end, the Monroe County Office for the Aging prepared the following 2004 Senior Action Plan. This Plan identifies the specific needs and challenges faced by our elderly population, and strategies to address them. Demographic data, focus groups, service providers, and input from community organizations all helped to identify the following critical issues facing our seniors: education and information; expansion of services; increasing health and wellness efforts; increasing housing options; improving access to information; and advocacy.

The Office for the Aging, with help from its advisory group, the Council for Elders, is charged with the development and implementation of action plans that address each of these key issues.

As County Executive, I will continue to work with our Office for the Aging and community partners to help improve the quality of life for our senior population.

Sincerely,

Maggie Brooks
Monroe County Executive

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SENIOR ACTION PLAN FUNDERS

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INTRODUCTION AND BACKGROUND

Introduction

As part of its on-going responsibilities mandated under the Older Americans Act, the Monroe County Office for the Aging must periodically prepare a plan for services. To meet this responsibility, the Office for the Aging, since 1980, has partnered with United Way of Greater Rochester to examine service needs of older adults and set a joint community framework and direction for these services based on the findings from the decennial census. The result is a "Senior Action Plan," a strategic plan which sets a community direction for older adult services over the coming decade.

Background

This decennial Senior Action Plan occurs during a period of significant uncertainty and change. While more than two years of planning went into preparing for and producing this document, the actual Plan itself occurs (Spring/Summer 2003) in the midst of significant budgetary deficits at all levels of government – Monroe County, the City of Rochester, New York State, and the federal government – and the resulting impact on agencies and programs that rely on governmental funding. In addition, United Way funding is not at the same levels it has been in recent years. While it is too early to say how long lasting these budgetary impacts will be, these deficits are resulting in significant contractions in funding for services, at least during the current period of time. In any event, these fiscal conditions will necessitate the need for increased program and agency collaboration and increased advocacy efforts.

Significant administrative changes have occurred at the local level. The Monroe County Department of Social Services and parts of the Health Department have been consolidated into a new Department of Human Services, which also includes: the Office for the Aging, the Office of Mental Health, the Rochester-Monroe County Youth Bureau and the Early Intervention and Education of Children with Disabilities. This reorganization is intended to create increased efficiencies in how Monroe County carries out its responsibilities to a variety of constituencies.

Two major areas of concern for older adults are retirement income and health care. The stock market decline over the past three years has significantly affected the assets of those invested in the stock market, including retirees and those preparing for retirement, and has meant that many individuals have had to reevaluate their retirement plans. Plans for "revamping" the Social Security system are on hold until the next presidential election in 2004.

On the health care side, both Medicare and Medicaid—the major sources of funding for health care services for older adults—are experiencing "unsustainable" rates of growth in spending, and in this budgetary climate both are facing the prospect of "restructuring" that could result in major cost shifting to older Americans. The immediate prospects for a comprehensive prescription drug benefit for Medicare beneficiaries are uncertain, given the state of the federal budget.

Overarching Themes

In this current context, and with the perspective of the "Big Picture" Subcommittee, the Senior Action Plan Task Force acknowledges certain overarching themes for its Plan:

- ***Older adults are valuable assets to the community***, not a drain on public resources. Many continue to work, and many more contribute valuable hours of volunteer service to community organizations, to their churches and synagogues, to their neighbors and to their families. Each month, they spend millions of dollars in the local economy from their Social Security income, employer pensions and personal savings. Medicare payments for the services older adults receive have a significant impact on jobs in the health care sector. (Over $531 million in Medicare spending for individuals age 65 and older was paid to providers, i.e., hospitals, physicians, home health agencies, nursing homes, etc. in Monroe County in 2000.) This theme is also tied into respect for elders and intergenerational relations.
- ***Older adults are a very diverse group***. Older adults are healthy and disabled; rich and poor; black, white, Asian, Native American, Hispanic and of other ethnic and racial backgrounds. They are highly educated and not very well educated; highly computer-literate and at the other end of the digital divide. In other words, older adults are at least as heterogeneous as any other age group covering a 30+ span of years.
- ***The demographic changes reflected in the 2000 census are significant, but provide a mixed picture***. On the one hand, Americans are living longer. Individuals born in the year 2000 can expect to live 76.9 years (up from 75.4 years in 1990), and those age 65 can expect to live another 17.9 years (up from 17.2 years in 1990). At the same time, both the growth in the oldest old (over age 85) and the distribution of the elderly in Monroe County across the City and the suburbs, particularly those over age 75, have implications for access to services, i.e., transportation services, caregiver services, housing, "aging in place" and health care. (The age 85+ population represents the highest potential at-risk population, due to aging frailty and increased incidence of Alzheimer's Disease and other age-related disabilities.)

There is also a need to better understand the implications of anecdotal evidence about retirees returning to Monroe County as they age and/or become frail.

- ***Education and access to information*** (more and more through the internet), and appropriate use of that information (e.g., for planning, and for understanding what services are available) are as important as ever and will grow in importance.
- ***Technology will have an increasing impact on the lives of older adults***, for information, for service provision, for keeping engaged during retirement and for life-long learning.
- ***Employment and the implications of an aging workforce*** will need to be addressed by both employers and older individuals.
- In light of the changing demographic and fiscal environment, the ***need for sound planning*** by all levels of government (federal, state, and local), by employers, by agencies and programs, and by households and individuals, is greater than ever.
    - At the *federal and state government levels*, this will mean, for example, confronting the political challenges of financing adequate levels of Social Security, Medicare, Medicaid, and other programs affecting older adults as the Baby Boomer cohort begins to reach retirement age.
    - At the *county level*, this will mean increased challenges for the Monroe County Office for the Aging, which is charged with the responsibilities of planning, funding, coordinating and advocating for services for older adults.
    - At the *employer level*, this will mean preparing for an increasingly older workforce over the coming decades and a workforce that is increasingly concerned about caregiving issues. Employers and service providers will need to be prepared for a variety of contingencies for families and individuals involved in increasing diversity in trends in personal caregiving, such as parents living longer, divorced spouses, children living far away, grandparents raising children, etc.
    - At the *agency level*, this will mean increased demands for services, even as funding for those services is constrained, and this will also mean increased interagency collaboration among agencies involved in aging services as well as agencies not traditionally involved in aging services (e.g., better coordination between health and housing systems).

- At the *household and individual level*, this will entail a greater need for planning for the financial implications associated with living longer and overall, an increasing need to plan for issues related to retirement, caregiving, health care and long-term care (and the associated costs) and end-of-life planning. There will need to be an increased awareness and an urgency of personal responsibility for retirement planning and longer-life management strategies, but in the final analysis, the senior must make his/her own choices.

- ***Developments in health care have particular importance.*** Included in the context of these demographic changes are the ongoing developments in health care and its delivery. More and better medical devices will be available to treat and monitor those with chronic illnesses and push back the disabilities of adverse chronic illness. Recent evidence supports the optimistic "compression of morbidity" theory: fewer retirees are disabled; heart disease and cancer are better treated and controlled; workplace environments are safer; emerging healthcare technologies promise to continue the trend of improved health and increasingly there is a much-needed focus on wellness and prevention strategies. On the other hand, there are concerns on the horizon with the increasing prevalence of obesity, diabetes and Chronic Obstructive Pulmonary Disease (COPD). Finally, African-Americans and Hispanic-Americans will experience increased life expectancies, but the life expectancy disparity between white and non-white Americans is likely to continue.

  The Medicare program, on which most older Americans rely for their primary health care benefits, is likely to experience significant change over the coming decade. Changes to the Medicare program will be a two-edged sword for older Americans: increased efforts to "modernize" or "reform" Medicare, such as including a prescription drug benefit, will be offset by other changes to the program that could result in significant increases in out-of-pocket costs for beneficiaries.
- Finally, **all of these themes**, in the context of long-term fiscal climate and the growing demand for services due to the demographic changes, argue for **increased personal responsibility and accountability** by older adults and their caregivers, and by funders and providers of services.

Over the coming decade, there are opportunities and challenges facing older adults and their caregivers, and funding the programs that support them. This Senior Action Plan is intended to set a community direction for services for older adults that recognizes these opportunities and challenges.

PLANNING PROCESS

The Senior Action Plan Executive Team was responsible for the overall direction of the Senior Action Plan process. The Executive Team members are:
Al Hooke, Chair, Monroe County Council of Elders
Lorre Anderson, DHHS/Monroe County Office for the Aging
Alice Ennis, United Way of Greater Rochester
Nick Trotto, DHHS/Monroe County Office for the Aging
Elyse Glover, DHHS/Monroe County Office for the Aging

Jim Fatula, Ph.D., chair of the Department of Public Administration at SUNY Brockport, served as consultant to the Executive Team, and was responsible for writing the final report under the direction of the Executive Team.

In deciding what areas to focus on for the current Senior Action Plan, the Executive Team:

- Reviewed the previous Senior Action Plan (1994) and its recommendations.
- Reviewed available data from the 2000 census.
- Reviewed various reports from the New York State Office for the Aging.
- Reviewed "Senior Housing and Services Survey: Monroe County Analysis," by Jaclyn Boushie, Project Director, prepared for and in collaboration with the Bishop Sheen Ecumenical Housing Foundation, Inc. and the Center for Governmental Research, June 2002.
- Convened a meeting of providers of senior services on December 18, 2002 to obtain feedback on areas for attention for the Senior Action Plan.
- Sponsored a series of focus groups of older adults and their caregivers and reviewed the results of these focus groups.

In addition, the Executive Team asked Jim Fatula to provide an "update report" on the major activities and developments that have occurred in the community that were related to the five major areas of recommendations of the 1994 Task Force Report. That report, "*The Senior Action Planning Process 1994 Task Force Report: A Status Report*" was completed in May 2001 and is included in the Appendix.

In the 1994 Senior Action Plan, there were five areas of focus: Education; Preventive Services: Physical, Mental, and Substance Abuse; Caregivers; Affordable and Appropriate Housing and Transportation Services. As a result of its review, it was clear to the Executive Team that the major areas of attention for the 1994 Senior Action Plan were of no less significance now. The Team decided to focus on these same areas for the 2003 Senior Action Plan, and convened five Subcommittees to address them: Wellness; Caregivers; Housing; Transportation and a "Big Picture" Subcommittee.

(The Executive Team noted that "Education" was an overarching theme that cut across all the other Subcommittee areas, and so decided not to designate a separate "Education" Subcommittee.)

The Executive Team convened a task force of community leaders and representatives involved in all aspects of aging services in Monroe County to constitute these five Subcommittees, to provide a broad perspective on aging issues and services in the community, and to make recommendations.

The five Subcommittees met over the spring of 2003 and produced reports that became the basis for the Plan recommendations. The full reports of the Subcommittees are included in the Appendix.

PROFILE OF OLDER PERSONS IN MONROE COUNTY FROM THE 2000 CENSUS

MONROE COUNTY

- Between 1990 and 2000, the ***total*** population of Monroe County grew 3.0%, from 713,968 to 735,343.
- During that same period, the **60+** Monroe County population grew by 3.5%, from 118,470 to 122,654.
- According to the 2000 census, one in six people in Monroe County is over the age of 60 (16.7%). This is the same as the 1990 census (16.6%).
- In Monroe County, the 2000 60+ population increased by 3.5% from 1990; 65+ increased by 7.5%; 75+ increased by 27.7%; and 85+ increased by 34.7%.
- In Monroe County, the 2000 60+ population represents 16.7% of the ***total*** population; 65+ represents 13.0% of the total population; 75+ represents 6.7% of the total population; and 85+ represents 1.9% of the total population.
- Of those age 60+ in Monroe County, 58.7% are women; of those age 85+, 72.7% are women and 27.3% are men.
- In Monroe County, the 75+ population increased from 1990 to 2000 by 27.7%.
- In Monroe County, the 75+ population represents 40% of the total 2000 age 60+ population; in 1990, the 75+ population represented 33% of the total age 60+ population.
- In Monroe County, the 85+ population increased 34.7% in 2000 (from 10,121 in 1990 to 13,635 in 2000.)
- In Monroe County, the 2000 85+ population represents 11% of the total age 60+ population; in 1990, the 85+ population represented 8.5% of the 60+ population.

SUBURBAN

- The growth in the percentage of older persons who live in the suburbs continues. In 1990, 70% of those age 60+ lived outside of the City of Rochester. In 2000, the number increased to 77%.
- Of those age 60+ in the suburbs, 58.1% are women and 41.9% are men; of those age 85+, 72.0% are women and 28.0% are men.
- The 65+ suburban population increased by 21%, from 60,994 (1990) to 73,802 (2000).
- In the suburbs, 27.3% of the 65+ population live alone.
- In the suburbs, the 75+ population increased by 50.5% from 1990 to 2000.
- In the suburbs, the 85+ population increased 61.5% in 2000 (from 6,085 in 1990 to 9,829 in 2000.)

CITY OF ROCHESTER

Older persons who live in the City tend to have somewhat different demographic characteristics than do older persons who live in the suburbs. Compared to suburban residents older persons who live in the City of Rochester are more likely to be older, female, live alone, be poor, be members of a minority group, rent their homes or apartments, and lack their own transportation.

- In the City of Rochester, the 60+ population *decreased* by 20.3%.
- Of those age 60+ in the City of Rochester, 60.7% are women and 39.3% are men; of those age 85+, 74.5% are women and 25.5% are men.

- In the City of Rochester, 37.1% of the 65+ population live alone.
- In the City of Rochester, the 75+ population *decreased* from 1990 to 2000 by 13.2%.
- In the City of Rochester, the 85+ population *decreased* by 5.7% in 2000.

Detailed Summary of Results from the 2000 Census

Total Population

Overall population for Monroe County *increased 3.0%* from 1990 to 2000, from 713,968 to 735,343. Total population for the City of Rochester *declined 5.1%* for this period, from 231,636 to 219,773 and *increased 6.9%* for the rest of the county, from 482,332 to 515,570.

Total Population, Monroe County, 1990 and 2000, and Percent Change

	1990	2000	% change 1990--2000
Monroe County	713,968	735,343	3.0%
City of Rochester	231,636	219,773	-5.1%
Suburbs	482,332	515,570	6.9%

Senior Population

The number of Monroe County residents over age 60 increased at a slightly higher rate compared to the overall population. In 2000, 122,654 residents of Monroe County were age 60 and over, a growth of 4,164 persons, or **3.5%** since 1990. Approximately one in six, or 16.7% of the population is over age 60 in Monroe County, essentially unchanged since 1990.

The number of residents age 65 and over in Monroe County increased **7.5%** from 1990 to 2000, to 95,779. There are 49,311 individuals age 75 and over, an increase of **27.7%** since 1990. The fastest rate of growth has taken place in persons who are age 85 or older. In 2000, the age 85 and older population in Monroe County increased **34.7%** from 1990, from 10,121 to 13,635 persons.

City versus Suburban

The growth in the percentage of older persons in Monroe County who live in the suburbs continues. In 1990, ***70%*** of those age 60+ lived outside the City of Rochester. In 2000, that number increased to ***77%.*** This city-suburb demographic trend continues to have implications for service provision and community development.

Since 1990, the suburbs experienced significant growth in the number of older adults, while the City of Rochester experienced a decline in the older population. The 65+ population living in the suburbs increased by *21%* from 1990 – 2000. The 75+ population living in the suburbs increased by *50.5%* and the 85+ population increased by *61.5*%. By comparison, from 1990 – 2000, the City of Rochester 60+ population *decreased* by 20.3%; the 75+ City population *decreased* by 13.2% and the 85+ City population *decreased* by 5.7% in 2000. (Overall population in the City declined 5.1% from 1990.)

Population by Age Group, Monroe County, 1990 and 2000, and Percent Change

	1990	2000	% change 1990--2000
Age 60+			
Monroe County	118,470	122,654	3.5%
City of Rochester	35,536	28,331	-20.3%
% living in City	*30.0%*	*23.1%*	
Suburbs	82,934	94,323	13.7%
% living in suburbs	*70.0%*	*76.9%*	
Age 65+			
Monroe County	89,129	95,779	7.5%
City of Rochester	28,135	21,977	-21.9%
% living in City	*31.6%*	*22.9%*	
Suburbs	60,994	73,802	21.0%
% living in suburbs	*68.4%*	*77.1%*	

Age 75+

Monroe County	38,615	49,311	27.7%
City of Rochester	13,809	11,985	-13.2%
% living in City	*35.8%*	*24.3%*	
Suburbs	24,806	37,326	50.5%
% living in suburbs	*64.2%*	*75.7%*	

Age 85+

Monroe County	10,121	13,635	34.7%
City of Rochester	4,036	3,806	-5.7%
% living in City	*39.9%*	*27.9%*	
Suburbs	6,085	9,829	61.5%
% living in suburbs	*60.1%*	*72.1%*	

For older adults, these population shifts between the City of Rochester and the suburbs are more dramatic and reflect longer-term trends.

The age 60+ population for the County increased 3.5% from 1990 to 2000, from 118,470 to 122,654. The age 60+ population for the City of Rochester declined 20.3% for this period, from 35,536 to 28,331, and increased 13.7% for the rest of the County, from 82,934 to 94,323.

The age 65+ population for the County increased 7.5% from 1990 to 2000, from 89,129 to 95,779. The age 65+ population for the City of Rochester declined 21.9% for this period, from 28,135 to 21,977 and increased 21.0% for the rest of the County, from 60,994 to 73,802.

The age 75+ population for the County increased 27.7% from 1990 to 2000, from 38,615 to 49,311. The age 75+ population for the City of Rochester declined 13.2%, from 13,809 to 11,985 and increased 50.5% for the rest of the County, from 24,806 to 37,326.

The age 85+ population for the County increased 34.7% from 1990 to 2000, from 10,121 to 13,635. The age 85+ population for the City of Rochester declined 5.7%, from 4,036 to 3,806 and increased 61.5% for the rest of the County, from 6,085 to 9,829.

Within individual towns, there have been noticeable changes in these demographics. The Town of Greece has the largest number of older persons (age 60+): 18,048, comprising 14.7% of the age 60+ population in the County; followed by the Town of Irondequoit with 13,876, (11.3% of the age 60+ population in the County) and the Town of Brighton, with 8,145 (6.6% of the age 60+ population in the County.)

Irondequoit has the highest proportion of its total population in the 60+ category (26.5%). Hamlin had the lowest proportion: 9.6%. Irondequoit also has the largest number of individuals age 85 and older: 1,992 individuals, comprising about 15% of this age group for the County.

While Greece, Irondequoit and Brighton have the largest number of the older population, other towns have experienced the highest growth since 1990 in the older population categories. In 2000, Perinton experienced the largest percentage increase in the 60+ population (40.3%); Pittsford experienced the largest percentage increase in the 65+ population (58.5%) and Mendon experienced the largest percentage increase in the 75+ and 85+ population (104.5% and 228%). In absolute numbers though, Mendon has 454 individuals age 75 and older and 164 individuals age 85 and older, compared to Irondequoit (the town with the largest number of older persons in those age groups), which has 6,998 individuals age 75 and older and 1,992 individuals age 85 and older.

The 60+ population grew by at least 20% from 1990 – 2000 in 11 of 20 towns. Three towns experienced a decline in this age group since 1990: Brighton, East Rochester and Irondequoit. The 75+ population grew by at least 20% in 17 of 20 towns. No town experienced a decline in this age group since 1990. The 85+ population grew by at least 20% in 17 of 20 towns. No town experienced a decline in this age group since 1990.

The following is a breakdown of the 60+ population, by town:

TOWN	2000 60+	90-00 Change	2000 65+	90-00 Change	2000 75+	90-00 Change	2000 85+	90-00 Change
Brighton	8,145	-4.7%	6,813	0.1%	4,210	17.1%	1,513	30.0%
Chili	4,408	34.4%	3,338	50.2%	1,443	91.4%	294	105.6%
Clarkson	921	31.8%	723	36.7%	426	63.2%	167	114.1%
E.Rochester	1,195	-14.1%	981	-5.6%	470	12.2%	102	15.9%
Gates	6,479	6.9%	5,086	12.9%	2,507	35.7%	583	53.4%
Greece	18,048	14.9%	14,446	26.6%	7,196	74.2%	1,572	68.5%
Hamlin	899	20.2%	607	12.8%	249	27.7%	53	140.9%
Henrietta	4,992	30.4%	3,617	44.1%	1,389	87.4%	269	97.8%
Irondequoit	13,876	-10.2%	11,770	-3.5%	6,998	33.9%	1,992	57.5%
Mendon	1,226	37.9%	908	50.6%	454	104.5%	164	228.0%
Ogden	2,297	24.8%	1,642	32.5%	664	36.1%	157	61.9%
Parma	2,071	17.5%	1,489	13.8%	729	31.8%	187	38.5%
Penfield	6,703	23.1%	5,170	30.9%	2,602	53.1%	736	48.4%
Perinton	7,472	40.3%	5,366	40.6%	2,479	55.5%	704	66.0%
Pittsford	5,522	38.9%	4,326	58.5%	2,097	101.8%	626	192.5%
Riga	722	3.0%	521	7.9%	223	17.4%	45	0.0%
Rush	567	25.2%	398	28.4%	151	41.1%	31	6.9%
Sweden	1,416	13.6%	1,073	19.2%	495	41.4%	105	52.2%
Webster	6,571	33.9%	4,935	43.7%	2,293	85.4%	479	68.7%
Wheatland	793	18.7%	593	27.5%	251	58.9%	50	51.5%
Monroe Co	122,654	3.5%	95,779	7.5%	49,311	27.7%	13,635	34.7%
Suburban	94,323	13.7%	73,802	21.0%	37,326	50.5%	9,829	61.5%
City	28,331	-20.3%	21,977	-21.9%	11,985	-13.2%	3,806	-5.7%

Gender

The majority of persons age 60+ in Monroe County are female (58.7%). For the City of Rochester, that percentage is 60.7%. However, the proportion of females increases significantly by age group, where almost three-quarters of those age 85 and older are female.

Older Adults, Percent Female, by Age Group, Monroe County, 2000

	Age 60-64	65-74	75-84	85+
Monroe County	53.1%	55.5%	61.6%	72.7%
Rochester	53.8%	57.1%	64.0%	74.5%
Suburbs	52.9%	55.1%	60.9%	72.0%

Race/Ethnicity

In Monroe County, the 60+ African-American population increased 1.9% from 1990 to 2000; the 60+ Hispanic population increased .5% and "other" ethnic groups increased by 1.3%. Nearly 82% of all Monroe County black older adults over age 60, and 70% of all Monroe County Hispanic/Latino older adults over age 60 live in the City of Rochester.

Monroe County 60+ Population by Race and Hispanic Origin, 2000

	White Alone	Black Alone	Other	Hispanic/ Latino
Monroe County	90.5%	7.0%	2.4%	1.8%
Rochester	70.0%	24.9%	5.1%	5.4%
Suburbs	96.7%	1.7%	1.6%	0.7%

Total Household Income

In the County, 13.5% of elders age 75+ had a total household income of less than $10,000; in the suburbs, 10.9% had a total household income of less than $10,000 and in the City of Rochester, 21.5% had a total household income of less than $10,000.

Monroe County Householders Ages 65+ Total Household Income

	<$10,000	$10-15K	$15-25K	$25-50K	>$50K
Monroe County	11.6%	11.7%	21.0%	31.6%	24.1%
City of Rochester	22.6%	16.6%	24.2%	23.6%	13.1%
Suburbs	8.1%	10.1%	20.0%	34.1%	27.6%

Poverty Rate

The rate of poverty increased slightly among seniors in Monroe County from 1989 to 1999, from 7.2% to 7.4%. The rate of poverty among seniors increased two percentage points among older City residents, and even increased almost a full percentage point among suburban seniors. The rate of poverty tends to increase with age, except in the City where it declines.

Monroe County Household Population Ages 65+ in Poverty 1989—1999

	1989	1999
Monroe County	7.2%	7.4%
City of Rochester	13.3%	15.4%
Suburbs	4.5%	5.3%

Percent of Household Population in Poverty, by Age Group Monroe County, 1999

	Ages 65-74	Ages 75+
Monroe County	6.4%	8.6%
City of Rochester	16.8%	13.9%
Suburbs	3.6%	7.1%

Percent of Household Population Age 65+, in Poverty by Gender, 1999

	Males	Females
Monroe County	4.8%	9.3%
City of Rochester	14.1%	16.1%
Suburbs	2.5%	7.2%

Monroe County Population Living Alone, Percent in Poverty Status, by Age Group 1999

	Ages 65—74	Ages 75+
Monroe County	13.2%	13.0%
City of Rochester	24.0%	18.2%
Suburbs	7.6%	11.1%

Living Arrangements

In 2000, 20,117 persons age 65 and older lived alone, an increase of 9% from 1990. Almost 30% of persons age 65+ in Monroe County live alone. In the City of Rochester, 37.1% of those age 65 and older live alone, compared to 27.3% in the rest of the County.

Home Ownership

Overall, 78.9% of Monroe County residents age 65-74 living in households own their home, and 66.5% age 75+ living in households own their home. As in 1990, home ownership among older persons is different among City and suburban residents. In the suburbs, 85.4% age 65-74 living in households own their own home, compared to 57% of City residents in the same age group. For those age 75+, in the suburbs, 69.7% of this age group living in households own their own home, compared to 56.5% of City residents in the same age group.

Occupied Housing Units by Age of Householders, Monroe County, 2000

	Owner Occupied		Renter Occupied	
	#	%	#	%
Monroe County				
Age 65-74	23,055	78.9%	6,183	21.1%
Age 75+	20,531	66.5%	10,344	33.5%
City of Rochester				
Age 65-74	3,859	57.0%	2,907	43.0%
Age 75+	4,216	56.5%	3,245	43.5%
Suburbs				
Age 65-74	19,196	85.4%	3,276	14.6%
Age 75+	16,315	69.7%	7,099	30.3%

Of those who are age 65+ and rent their homes, 41.4% of City renters, 47.4% of suburban renters and 45.2% of County renters pay 35% or more of their total income in housing costs.

Employment

A total of 11.2% of persons age 65 and older in Monroe County are in the labor force (15.3% of the men and 8.5% of the women). The proportion of men in the labor force increased 1.1% from 1990; the proportion of women increased by .6%. In the City of Rochester, 9.0% of those age 65 and older are in the labor force (11.0% of the men and 7.9% of the women), and 11.8 % in the rest

of the county are in the labor force (16.5% of the men and 8.7% of the women).

Monroe County 65+ Males and Females in the Labor Force 2000

	Total	Males	Females
Monroe County	11.2%	15.3%	8.5%
City of Rochester	9.0%	11.0%	7.9%
Suburbs	11.8%	16.5%	8.7%

Finally, according to the 2000 census, the number of grandparents living in a house with one or more children under age 18 is 11,275 in Monroe County; of this number, 44% are responsible for their grandchildren.

SUMMARY OF FOCUS GROUPS

Background

A series of nine focus group sessions was conducted by the Rochester Research Group during the spring of 2002. The objective of the focus group series was to gain insight into the current and future needs of Monroe County's aging population and their caregivers. Funding for this effort was provided by Monroe County, Excellus (Blue Cross Blue Shield of the Rochester Area), Fred & Floy Willmott Foundation, the B. Thomas Golisano Foundation and United Way of Greater Rochester.

Nine "sub-groups" were identified to obtain their perspectives:

- Hispanic seniors
- Caregivers of Hispanic seniors
- African-American seniors
- Caregivers of African-American seniors
- Non-working caregivers (many of whom were older individuals caring for their aging spouses)
- Working caregivers (many of whom were younger and sandwiched between caring for both aging parents and growing children)
- Economically needy seniors
- Middle-income seniors
- Functionally disabled seniors. (The Rochester Research Group conducted telephone-based interviews with this group because they would be unable to handle the physical aspects of the focus group process.)

Excellus (Blue Cross Blue Shield of the Rochester Area) provided the use of their focus group facility and observation room, audio taping, food for participants and observers and help with participant recruitment. The OASIS Center, Family Resource Center, Alzheimer's Association, Catholic Family Center, Unity Health/Park Place Southwest, Ibero-American Action League, Urban League, Mercy Center with the Aging, the Council for Elders and the Office for the Aging's Home Energy Assistance Program (HEAP) assisted with participant recruitment. Transportation for participants who needed it was provided by Medical Motor Service of Rochester, Baden Street Settlement House, the Urban League of Rochester, Ibero-American Action League, the Council for Elders and Catholic Family Center's STAR program. Translators for the two Latino sessions were provided by Mercy Center with the Aging and the Rochester/Monroe County Youth Bureau.

Focus Group Findings

- There was a broad consensus across the range of participants about their lack of awareness of available services and programs for seniors, which were described by some participants as "*a well-kept secret*."
- In particular, participants had limited awareness of Eldersource, LIFESPAN, Catholic Family Center, and the Monroe County Office for the Aging as places to turn to with questions and concerns related to the aging and caregiving processes.
- For the participants, perception becomes the reality they deal with day-to-day; if they are unaware of a service, it in fact becomes a service that is perceived as unavailable.
- Even when services are actually delivered, they are rarely (if ever) attributed to Eldersource, LIFESPAN, the Monroe County Office for the Aging or Visiting Nurse Service.
- This lack of awareness—and susceptibility to misinformation and misperception—appears to extend even to the individuals on whom the participants depend for their knowledge and linkage to the community's resources.
- Most awareness about programs and services comes informally via word-of-mouth among friends and neighbors. While a comprehensive directory could be useful, it was also recognized that such a directory would quickly become outdated and/or would be overlooked or discarded as just more uninvited "junk mail."
- To communicate the availability of services, a relatively simple message needs to be communicated, e.g., ***"Aging? Caring for an aging adult? Need help? Call 555-5555."*** Whether that phone number leads to Eldersource, Monroe County Office for the Aging, or elsewhere, it needs to be answered by a human being rather than a voice mail system requiring the caller to press number after number to find the help s/he needs.
- Participants—aging and caregiver alike—seemed to fall into two attitudinal categories (and both tended to lack awareness of available services):
    - Some, considering themselves long-term, tax-paying citizens "*who have worked hard our whole lives"* and who may have served in the armed forces, now see themselves as deserving support of all types. These people have little trouble asking for, expecting or accepting assistance, wherever it may come from.
    - Others, in contrast, have "*never been takers*." Proud of their hardy work ethic, these participants may have a more difficult time asking for help, even though their needs may be as severe.

- Other common and recurring themes which emerged from the focus group sessions were:
    - MONEY – the cost-of-living and coping with the aging process on a limited (and often fixed) income was probably the most pervasive concern among participants.
    - MOBILITY—the difficulty of merely getting around, made more complicated by icy sidewalks and snow-piled curbs throughout the winter months.
    - TRANSPORTATION—the difficulty getting to and from medical appointments, shopping for groceries and carrying parcels home, etc., results in many older people staying in. They can become increasingly isolated despite available programming at senior centers and elsewhere, merely because travel has become so difficult for them. While Medical Motors, Lift-Line, and others provide subsidized transportation, most require pre-arranged bookings several days in advance, leaving little room for spontaneity, flexibility or sudden unanticipated need.
    - SAFETY—the feeling of many older adults (despite their living arrangement) is that they are not as safe in their neighborhoods today as they used to be. This tends to limit their getting out and their social interaction.
    - INDEPENDENCE—a pervasive theme among participants was maintaining their independence as long as possible without becoming a burden. Anything that may enable them to remain independent even one more day would be welcomed and encouraged. It is towards that dignified goal that they are asking for help, not extravagantly, but for assistance to live independently and with dignity and respect.

TASK FORCE RECOMMENDATIONS

Introduction

The Task Force is making recommendations in six interrelated areas. These recommendations are "bundled" from the reports of the Task Force Subcommittees and are intended to both "set a community direction" as well as to propose specific actionable recommendations.

The six areas for recommendations are:

1) ***Increasing education and access to information through technology***
2) ***Expanding available services***
3) ***Increasing health and wellness efforts***
4) ***Increasing appropriate housing choices for older adults***
5) ***Expanding the provider network accessible through the aging services component of the Provider Resource Network (PRN)***
6) ***Advocating for issues related to and involving older adults***

The Task Force recognizes that certain "guiding principles" underlie its recommendations:

- There is a continuing need for personal responsibility and accountability, and for a partnership of responsibility and accountability between and among funders, providers, and older adults and their caregivers.
    - For older adults and their caregivers, this means increased personal responsibility and accountability with regard to wellness, independence and functionality, planning regarding long-term care, advance care and end-of-life planning.
    - For funders and service providers, this means that programs and services for older adults and caregivers should incorporate efforts (such as cost sharing, fee-for-service and contributions) to have consumers pay at least a nominal amount for services used, based on ability to pay. The funding environment and the growing demand for services argue for a system whereby consumers who can afford it should pay some fair share for services. The Task Force recognizes the potential difficulties involved in instituting fee-for-service and recommends that this should be done in ways that do not discourage the appropriate access to and use of needed services.
    - More than ever, older adults need to take advantage of the early appropriate use of lower-cost community services. The use of these community services can mean the avoidance or delay in using higher-cost institutional services and the accompanying costs to the Medicaid program.

- Programs and services for older adults should:
    - be flexible.
    - be community-based.
    - be culturally sensitive, i.e., a cultural competency theme should be developed for all programs and services for older adults. Given the changing nature of our community's demographic makeup, it is imperative that professionals not only understand cultural differences, but also be competent in delivery of services to ethnically and culturally diverse groups.
    - pay more attention to health literacy and the crucial role it plays in disseminating accurate, understandable information to seniors, their families and their caregivers.
    - promote collaboration between public, private, community and faith-based programs to meet individuals' and caregivers' needs.
    - take caregiver health and well-being into account.
    - target the care recipient's well-being while secondarily promoting caregiver wellness.
    - target health-care providers to help them prepare their patients for the caregiver role.
    - incorporate these issues into advocacy and legislative action which promote systemic change.

The Task Force further recognizes that new models of health care will need to be developed which recognize and deal with workforce shortage issues including professionals skilled in geriatric issues. These new models should work to better integrate health care delivery and financing, including an integrated health-care and long-term care insurance product with built-in incentives for wellness, prevention, early detection, treatment and palliative care services. The models must recognize the functional and social needs of seniors.

Task Force Recommendations

1) Increase and enhance education efforts and access to information to older adults and about elder services through better access to technology.

There are both great opportunities and challenges regarding older adults and the changing world of information technology. Introducing the aging population to various technologies and expanding their capabilities of using these technologies can mean significant changes in health and well-being. Four types of users can benefit from these advances in information technology: consumers, including older adults; formal and informal caregivers; professionals and service providers; and elderly or disabled persons who require care or special services.
As older adults face decreased physical capacity, computers and internet technology can help them overcome the challenges of aging.

- Use of computers and the internet can be intellectually stimulating and promote life-long learning.
- E-mail can connect seniors to family and friends. Chat rooms can help expand social networks and reduce isolation.
- The ability to manage finances, shop online and 'surf the web' can help maintain a sense of connectedness, thus enhancing a sense of independence and dignity.
- Providing technology-based solutions and internet access to older adults can empower individuals with physical disabilities by providing information and services.

Service provision can also be enhanced by these advances in information technology. The Provider Resource Network (PRN) is but one example of that benefit. Information technology and networking can help health and social services professionals access up-to-date client data and vital health information. However, challenges remain. The lack of exposure to computers and absence of computer literacy among older adults can create a generation gap, which separates them from mainstream society. There are continuing issues of confidentiality and security in information technology and the rise in identity theft, which is exacerbated by growing computer usage, renders people of all ages vulnerable to crime and creates barriers to the use of the internet.

Recommendation #1 – Action Plan:

- The Monroe County Office for the Aging, United Way and service providers need to continue to communicate the availability of their services to seniors and their caregivers. This recommendation is made advisedly. The results of the focus group sessions made it clear that there is a continuing and serious lack of awareness among older adults, if not among their caregivers, about available programs and services. On the other hand, funders and providers are faced with the quandary that raising the awareness of services and programs could, without additional funding to enable expansion of those services and programs, merely lead to longer waiting lists and the accompanying customer dissatisfaction.
- Efforts should be made to increase access to the internet for all older adults including those in various residential settings.
- The computer access and training services, currently available through the Monroe County Library System, SeniorNet (available at the Jewish Community Center) and OASIS should be expanded to reach more seniors. Senior centers and elderly housing communities could play a pivotal role in increasing this access.

- The Eldersource internet website should be expanded, linked, promoted and enhanced as a time and cost-effective means of bringing useful information and relevant community resource options to the attention of consumers and caregivers. These options would include, but not be limited to, caregiver supports and services both on-line and off, pertinent caregiver updates, educational opportunities, available workshops and seminars, support groups and chat rooms.
- Senior housing operators should be encouraged to establish computer access and provide on-site training opportunities for residents.
- Health promotion and disease prevention, such as the University of Rochester's Project Believe, and the Monroe County Adult/Older Adult Health Report Card should be actively supported.
- Community-wide educational programs for caregivers that are timely should be promoted and enhanced. Caregivers to be included, but not limited to, are:
    - Professional caregivers
    - Non-professional family caregivers
    - Non-professional care partners
    - Caregivers in the work place
    - Kinship caregivers
- Useful information for providers of services to older adults should be made available across the continuum of care. All providers should be continually updated about "Best Practices."
- Market research should be conducted periodically (e.g., every three years or so) to determine key service desires of seniors and what they are willing to pay for. This will be especially important as the Baby Boomers age. Potential users of the market research, such as private providers, could assist in paying for research.

2) Expand particular services.

The Task Force recommends that particular services need to be expanded as described below.

Recommendation #2 – Action Plan:

- A transportation infrastructure should be developed in the suburban towns and villages, and where possible, services should be brought to the individual, (e.g., grocery delivery, prescription delivery, house calls, etc.). Towns and villages in Monroe County should be encouraged to support the development of transportation services to seniors and these services should be linked within the aging services component of PRN.
- There is a particular need to expand certain community services, such as home-delivered meals, in-home services and aide services.

3) Increase health and wellness efforts for seniors.

The health and wellness of older adults is a continuing priority for the Monroe County Office for the Aging and for everyone who provides services to older adults.

Recommendation #3 – Action Plan:

- The Monroe County Office for the Aging should continue to expand its ability to serve as a resource for:
    - promoting healthy lifestyle choices for older adults by promoting wellness (e.g., exercise, diet and weight control) and reducing isolation for single seniors by facilitating group activities.
    - promoting the knowledge and correct use of public and private benefits and promoting the use of existing government drug services for those eligible (e.g., the Veterans Administration and the EPIC program).
    - encouraging seniors to follow their physician's advice about the appropriate use of generic drugs instead of heavily advertised "hot new drugs."
- Alcohol and substance abuse services should be better coordinated with mental health services for seniors in Monroe County through the aging services component of the Provider Resources Network (PRN). These underreported areas of concern need more focus and prioritization.

4) Increase appropriate housing choices for older adults.

The lack of relatively affordable, accessible (both by location and design) housing options for older adults is a continuing problem. There is no single solution to the housing needs of the elderly. Age, income, physical condition and personal desires impact the issue.

Recommendation #4 – Action Plan:

- Funding support for affordable housing in the County should be continued. Long-term service provision tied with all projects should be encouraged.
- "Elderly zones" should be made a component of local zoning/codes to allow for limited retail services and service providers to be integrated into a senior housing community or campus. Municipalities and zoning officials should be educated about these kinds of zones.
- Neighbor-to-neighbor support should be encouraged to enable older adults to remain in their homes as appropriate.
- A directory of all senior housing and of all supportive services for those remaining in their homes should continue to be available in updated postings to the New York State Office for the Aging's website link "Your Guide to Senior Housing."

- Universal design principles and renovations in public and private space and housing stock should be encouraged and promoted. Universal design can be aesthetically pleasing and economical, and can make environments safer and more accessible for everyone, thus positively affecting health and well-being.

5) Improve access to and use of services for older adults in Monroe County by expanding the number and kinds of providers linked to the aging services component of the Provider Resource Network (PRN).

Eldersource Care Management Services is a legal joint venture of Catholic Family Center and LIFESPAN. This program has served Monroe County residents since 1995 by providing a **single** access point for obtaining information, guidance and care management services for older adults and their caregivers. Eldersource provides older adults and their caregivers with a full range of options that promote independence and serves as a guide through the eldercare system.

Eldersource is also the aging services application residing on the Provider Resource Network (PRN). PRN is a technology-based infrastructure system, jointly developed by the Monroe County Office for the Aging and United Way of Greater Rochester. Transparent to the consumer, it allows the sharing of data among aging services providers. In addition to saving consumer and provider time and effort by eliminating multiple intakes and assessments, PRN also enhances provider communication, contributing to greater coordination and effectiveness in service delivery. There is also the efficiency of time and expense in eliminating the maintenance of separate resource databases or directories. Consumers and providers receive accurate and complete referral information.

Providers currently accessible on the aging services component of PRN are those funded by Monroe County Office for the Aging and United Way. The number and kinds of providers of services to older adults linked to the aging services component of PRN can and should be expanded.

Recommendation #5 – Action Plan:

- The aging services component of PRN should continue to be expanded to eventually include a complete continuum of services needed and used by seniors, such as transportation services (volunteer and paid); housing services; aide services; private geriatric case managers; hospital and nursing home services; and alcohol and substance abuse services.

The Task Force notes that as the range of services accessible through PRN expands to include a broader range of services (e.g., youth and mental health services, employment and training, etc.) it would be worth examining the advisability of a separate, independent community sponsorship and governance of PRN.

6) Increase advocacy for issues related to and involving older adults, especially in the areas of caregiving, long-term care, employment, and end-of-life care.

Like all citizens, seniors should be encouraged to exercise their civic engagement as an important community voice and resource, not only on issues that affect them directly, but also more generally in all forms of community planning initiatives and forums.

Recommendation #6 – Action Plan: Advocacy for Caregiving

- Caregiver support services (such as respite care, case management, support groups, educational interactions, counseling, wellness programs and worksite programs) should be promoted and enhanced through a collaboration of public, private, community, workplace and faith-based entities.
- A community network of organizations serving all caregivers should be established to promote awareness, increase access to caregiver support services, increase educational opportunities, enhance positive work relationships, identify gaps and services, evaluate current trends and best practices and advocate as necessary to promote legislative changes.

Recommendation #6 – Action Plan: Advocacy for Long-Term Care and Financial Planning

- A feasible insurance strategy to encourage people to plan for long-term care costs should be developed by:
    - Making long-term care (LTC) insurance more attractive to those age 50 and older (e.g., by providing better tax breaks to encourage the purchase of LTC insurance protection.)
    - Protecting those who are truly forced to go on Medicaid by eliminating the possibility of transferring assets to others.
    - Targeting education to Baby Boomers and current elders regarding the advantages and disadvantages of long-term care insurance.
    - Having government consider financial aid strategies and tax policies that will help Baby Boomers who must choose between saving for college tuition versus retirement and/or health care costs.
- Government-funded programs should consider using income/assets and functional ability/disability (instead of more restrictive medical criteria) as the basis for eligibility for long-term care services, thereby targeting resources more carefully.

Recommendation #6 – Action Plan: Advocacy for Employment Issues

- Monroe County businesses should be encouraged to appreciate and tap into the older workforce. The Rochester Business Alliance and other Monroe County organizations supporting local economic development should be brought together as collaborators to educate local employers about the valuable attributes of the older worker.
- Companies should be educated about the value of older workers and their skills.
- Companies should accommodate the changing definition of work and retirement within an extended lifespan by developing:
    - Flexible work schedule policies
    - Job sharing policies
    - Pre-retirement planning options
    - Mentoring policies
    - Phased retirement policies, where employees make a gradual transition to full retirement
- Older workers should be able to take advantage of the "bridge job" trend. A bridge job is typically part-time and provides a transition to retirement, usually in a job that is different than the lifetime career. It appeals to older workers for reasons besides additional income, e.g., seeking to fulfill a passion or "giving back" to the community.

Recommendation #6 – Action Plan: Advocacy for Quality End-of-Life Care

- Palliative care (interdisciplinary care that aims to relieve suffering and improve quality of life for patients with advanced illness and their families) services should be developed, promoted and enhanced across the continuum of care. These services (pain and symptom management, advance care planning, clarifying goals of care, etc.) should be offered simultaneously with all other appropriate medical treatment.
- The Community-wide End-of-Life/Palliative Care Initiative, Compassion and Support at the End-of-Life should be promoted and enhanced through a collaboration of public, private, community, workplace and faith-based entities.
- Community-wide educational programs on end-of-life/palliative care and hospice services (available through the Speakers Bureau) should be promoted for seniors and caregivers alike. These should include a program like Community Conversations on Compassionate Care (CCCC), a workshop on advance care planning.